

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	①					
14	①					
15	①					
16	①					
17	①					
18	①					
19	①					
20	①					
21	①					
22	①					
23	①					
24	①					
25	①					
26	①					
27	①					
28	①					
29	/					
30	/					
31	②					
32	/					
33						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	9	9				
TOTAL CLAIMS	12	12	12	12	12	12

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS